

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

	Fo	r cale	ndar year 2019 or tax year beginning		, 2019, and	ending		, 20
	Nar	ne of fo	undation	-		A Employe	er identification number	er
	T	TOM	HY 6:17 FOUNDATION			22-3	622751	
	Ñur	nber an	d street (or P O box number if mail is not delivered to street address)		Room/suite	B Telephor	ne number (see instruct	ons)
	10)1 SY	LVANIA AVENUE			(732) 245-4286	
	City	or towr	n, state or province, country, and ZIP or foreign postal code				tion application is pend	ing, check here ►
	ΑV	ON E	BY THE SEA NJ 07717			·		_
	G	Chec	k all that apply: Initial return Initial return Initial return	of a former p	public charity	D 1. Foreig	n organizations, check	here . ▶
			☐ Final return ☐ Amended	return	·	0 Farau	- ores-retiescostine	
			☐ Address change ☐ Name change	nge	Λ		n organizations meeting here and attach compu	
	Н	Chec	k type of organization: X Section 501(c)(3) exempt p	rivate founda	tion ()	₹	foundation status was	
		Section	on 4947(a)(1) nonexempt charitable trust Other tax	cable private	foundation	section 5	07(b)(1)(A), check here	▶ [_
	1	Fair n	market value of all assets at J Accounting method	. 🛛 Cash [Accrual	F If the four	ndation is in a 60-mont	h termination
			of year (from Part II, col. (c), Other (specify)			under se	ction 507(b)(1)(B), checl	chere ▶ 🗌
		line 1	6) ► \$ 851, 643. (Part I, column (d), must be	e on cash bası	s.)			
	Р	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue a	and (LVA)		(-) A durate d and	(d) Disbursements
Λ.			amounts in columns (b), (c), and (d) may not necessarily equal	expenses po books	Dr (D) NE	t investment ncome	(c) Adjusted net income	for charitable purposes
5Ω			the amounts in column (a) (see instructions).)	DOOKS				(cash basis only)
UZIY	J	1	Contributions, gifts, grants, etc., received (attach schedule)	103,2	49.			
40		2	Check ► ☐ If the foundation is not required to attach Sch. B					
y		3	Interest on savings and temporary cash investments					
≽		4	Dividends and interest from securities	10,2	55.	10,255.	10,255.	
MAY		5a	Gross rents					
_		Ь	Net rental income or (loss)					
	he	6a	Net gain or (loss) from sale of assets not on line 10				DEOCH	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Z	evenue	Ь	Gross sales price for all assets on line 6a				RECEIV	ED
SANNED	ě	7	Capital gain net income (from Part IV, line 2)				9 NOV 2 4	2020 O I
13	ш,	8	Net short-term capital gain				8 NOV 2 4	2020 9
S		9	Income modifications					- S
		10a	Gross sales less returns and allowances				OGDEN	UT
		b	Less: Cost of goods sold					
		C	Gross profit or (loss) (attach schedule)					<u></u>
		11	Other income (attach schedule)	110.5		10 055	10 255	
		12	Total. Add lines 1 through 11	113,5	04.	10,255.	10,255.	
	es.	13	Compensation of officers, directors, trustees, etc. Other employee salaries and wages					
	penses	14 15	Pension plans, employee benefits					
		16a	Legal fees (attach schedule)	· · · · · · · · · · · · · · · · · · ·				
	Щ	b	Accounting fees (attach schedule) L-1.6b. Stmt	1,50				1,500.
	Ş	c	Other professional fees (attach schedule)	1,30	<u> </u>			1,300.
	ati	17	Interest					
	str	18	Taxes (attach schedule) (see instructions) See. Stmt	3:	20.			
	Ę.	19	Depreciation (attach schedule) and depletion					
	dr.	20	Occupancy					
	۲	21	Travel, conferences, and meetings					
	auc	22	Printing and publications					
	ō	23	Other expenses (attach schedule) See. Stmt.	17,52	20.			17,520.
	Operating and Administrative Ex	24	Total operating and administrative expenses.					
	و		Add lines 13 through 23	19,34				19,020.
	ဝ	25	Contributions, gifts, grants paid	102,9				102,916.
_	_	26	Total expenses and disbursements. Add lines 24 and 25	122,25	56.			121,936.
		27	Subtract line 26 from line 12:					
	Į.	a	Excess of revenue over expenses and disbursements	-8,75				
		b	Net investment income (if negative, enter -0-) .			10,255.		
	- 1	C	Adjusted net income (if negative, enter -0-)		1	l	10.255	i i

P	art II		Beginning of year		End o	of year
	- ` -	should be for end-of-year amounts only (See instructions.)	(a) Book Value	(b) Book Va	lue	(c) Fair Market Value
	1	Cash-non-interest-bearing	192,301.	252,	951.	252,951.
	2	Savings and temporary cash investments			_	
	3	Accounts receivable ▶				
		Less: allowance for doubtful accounts ▶				
	4	Pieddes receivable ▶				
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) ▶				
		Less: allowance for doubtful accounts ▶				
S	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
As	10a	Investments — U.S. and state government obligations (attach schedule)				
_	Ь	Investments—corporate stock (attach schedule) L-10b Stmt	661,013.	591,6	1 1	500 602
	C	Investments—corporate bonds (attach schedule)	661,013.	391, 0	, + + -	598,692.
	11	Investments — land, buildings, and equipment. basis ▶				
	' '	Less: accumulated depreciation (attach schedulo)				
	12	Less: accumulated depreciation (attach schedule) ▶ Investments—mortgage loans			-	
	13				+	
	14	Investments—other (attach schedule)				
	'-	Land, buildings, and equipment: basis				
	15	Less accumulated depreciation (attach schedule) ► Other assets (describe ►)				
	16		·		\dashv	
	10	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	0.50 0.54	0.4.5		051 642
_	17		853,314.	844,5	62.	<u>851,643.</u>
	1	Accounts payable and accrued expenses				
S	18	Grants payable			-	
Ħ	19	Deferred revenue			$-\!\!-\!\!\!+$	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
Ë	21	Mortgages and other notes payable (attach schedule)				٥
	22	Other liabilities (describe ►)			$-\!\!\!-\!\!\!\!-$	
	23	Total liabilities (add lines 17 through 22)				
Balances		Foundations that follow FASB ASC 958, check here				
Ĕ		and complete lines 24, 25, 29, and 30.			}	
흥	24	Net assets without donor restrictions				
— (25	Net assets with donor restrictions			—-∔	
<u>=</u>		Foundations that do not follow FASB ASC 958, check here ► 🗵				
Net Assets or Fund	00	and complete lines 26 through 30.				
ნ	26	Capital stock, trust principal, or current funds				
ध्र	27	Paid-in or capital surplus, or land, bldg., and equipment fund			+	
š	28	Retained earnings, accumulated income, endowment, or other funds	853,314.	844,5		
۲ ا	29	Total net assets or fund balances (see instructions)	853,314.	844,5	<u>62.</u>	
<u> 둘</u>	30	Total liabilities and net assets/fund balances (see				-
		instructions)	853,314.	844,5	62.	
_	rt III	Analysis of Changes in Net Assets or Fund Balances				
1		I net assets or fund balances at beginning of year-Part II, colur				052 214
_		of-year figure reported on prior year's return)			1	853,314.
_		r amount from Part I, line 27a			2	-8,752.
3		er increases not included in line 2 (itemize)			3	044.562
_	D	lines 1, 2, and 3			4	844,562.
5	Decr	reases not included in line 2 (itemize) ► I net assets or fund balances at end of year (line 4 minus line 5)—F)		5	044 562
_0	iota	The assets of Junu balances at end of year (line 4 minus line 5) — F	rart II, column (b), lin	<u> </u>	6	84 <u>4,562.</u>

Part	IV Capital Gains an	d Losses for Tax on Investm	ent Income				
	(a) List and describe the	kind(s) of property sold (for example, real es buse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation		acquired tay, yr)	(d) Date sold (mo., day, yr)
1a							
<u>b</u>							
c							
d							
<u>_е</u>		T		<u> </u>			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis			n or (loss) f) minus (g))
<u>a</u>							
<u> </u>							
<u>c</u>		 					
<u>d</u>							
е	Complete only for assets sho	owing gain in column (h) and owned b	v the foundation	on 12/31/60			
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	s of col (i) (j), if any		. (k), but not	(h) gain minus t less than -0-) or rom col (h))
а							
b							
C							
<u>d</u>							
<u>e</u>							
2	Capital gain net income of		lso enter in Par enter -0- in Par		2		
3		in or (loss) as defined in sections					
		I, line 8, column (c). See instruc			_		
		 			3		
Part		der Section 4940(e) for Reductivate foundations subject to the se					
lf sect	ion 4940(d)(2) applies, leav	re this part blank.					☐ Yes ☒ No
		section 4942 tax on the distribute		• •	base pend	ou r	☐ tes ☑ NO
1		qualify under section 4940(e). Do rount in each column for each year			akına anv	entries	
	(a)	ount in each column for each year	, see the mstru	ictions before me	akirig ariy	Citties.	(d)
Cale	Base period years ndar year (or tax year beginning in	(b) Adjusted qualifying distributions	Net value of	(c) f noncharitable-use as	ssets		ribution ratio divided by col. (c))
Odio	2018	84,22	1.	864,7	39.		0.097395
	2017	91,57		697,8			0.131208
	2016	46,01		743,0			0.061930
-	2015	50,65		786,2			0.064427
	2014	124,63	3.	852,7	10.		0.146161
2	Total of line 1, column (d))			. 2		0.501121
3		for the 5-year base period—divid	de the total on	line 2 by 5.0, or	by		
		oundation has been in existence if					0.100224
4	Enter the net value of nor	ncharitable-use assets for 2019 fro	m Part X, line	5	. 4	 	885,633.
5	Multiply line 4 by line 3				. 5	 -	88,762.
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)			. 6		103.
7	Add lines 5 and 6				. 7	 	88,865.
8		ons from Part XII, line 4			. 8		121, 936.
	IT line 8 is equal to or are:	ater than line / check the hox in	ran VI line 1b	, and complete t	nat bart i	usina a 1	70 tax rate. See the

Part VI instructions.



Pari	366	instr	uctio	ns)	-
1ą	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.)				7
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			103.	~
	here ► 🗵 and enter 1% of Part I, line 27b				Ī
C	- A 11 - 1				
	Part I, line 12, col. (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0.	
3	Add lines 1 and 2		1	.03.	_
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0.	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		1	.03.	-
6	Credits/Payments:				Ĩ
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a				1
b	Exempt foreign organizations—tax withheld at source				١
C	Tax paid with application for extension of time to file (Form 8868) 6c 0.				
d	Backup withholding erroneously withheld 6d				}
7	Total credits and payments. Add lines 6a through 6d			0.	_
8	Enter any penalty for underpayment of estimated tax. Check here [] if Form 2220 is attached [8]				_
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9		1	03.	_
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10			0.	_
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ Refunded ▶ 11				_
Part	VII-A Statements Regarding Activities				_
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes		_
	participate or intervene in any political campaign?	1a		×	_
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the				
	Instructions for the definition	1b		×	7
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities.			×	j
C	Did the foundation file Form 1120-POL for this year?	1c			ī
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	ĺ			
_	(1) On the foundation. ► \$ (2) On foundation managers. ► \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				İ
•	on foundation managers. ▶ \$	2		×	1
2	If "Yes," attach a detailed description of the activities.				į
•	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles		Ů		
3	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.	3		×	1
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	$\neg \neg$	×	•
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	$\neg \neg$		•
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		×	•
	If "Yes," attach the statement required by General Instruction T.				ĺ
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or			٠.	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				
	conflict with the state law remain in the governing instrument?	6		_X	_
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	×		-
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶				ĺ
	NJ				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				İ
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	×		ī.
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				1
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes,"				,
	complete Part XIV	9	_ <u>×</u>		-
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				

Pai	t VII-A Statements Regarding Activities (continued)			
		T^-	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		×
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	×	
	Website address ► N/A			
14	The books are in care of ► MARIE DOLAN Telephone no. ► (732)	245-	4286	
	Located at ▶ 9203 SHERIDAN PARK COURT BRENTWOOD TN ZIP+4 ▶ 37027			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here			▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		×
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		_ 	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	• • • • • • • • • • • • • • • • • • •		{	{
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No			}
=	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		1	
	disqualified person?	-	1	· }
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No (4) Pay compensation to, or pay or reimburse the expenses of a disqualified person? Yes		1	, 1 ,
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☐ No (5) Transfer any income or assets to a disqualified person (or make any of either available for	1 1	ì	1
	the benefit or use of a disqualified person)?			1
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		٩	.
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance, check here		1	Í
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
_	were not corrected before the first day of the tax year beginning in 2019?	1c		<u> </u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019?	}	}	}
			}	i
	If "Yes," list the years ▶ 20 , 20 , 20 , 20	, ,	Ì	ŀ
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	1 1		Ì
	all years listed, answer "No" and attach statement—see instructions.)	2b		×
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
·	► 20 , 20 , 20 , 20			į
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		- [
	at any time during the year?		-	Ì
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or			ļ
	disgualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the		4	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			ļ
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		 _
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
_	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		×

Par	: VII-B	Statements Regarding Activitie			1 4720	May Be I	Require	ed (conti	nued)			
5a	During the	year, did the foundation pay or incur									Yes	No
		on propaganda, or otherwise attempt			on (sec	tion 4945(e	2))?	☐ Yes	⊠ No	, —	 	
	(2) Influen	ce the outcome of any specific publ	c elect	tion (see sect	ion 49	55): or to c	m. arnvon		٠٠٠ ــــ		1	
		or indirectly, any voter registration d						, ☐Yes	⊠ No			
										1		}
	(3) Provid	e a grant to an individual for travel, sti	Jay, or	otner similar	purpos	es?		☐ Yes	⊠ No)	°	{
	(4) Provide	e a grant to an organization other tha	n a cha	aritable, etc.,	organi	zation desc	ribed ir					
		4945(d)(4)(A)? See instructions							X No)		
	(5) Provide	e for any purpose other than religious	s, charr	table, scientif	ic, lıter	ary, or edu	cationa	1		1		
		ses, or for the prevention of cruelty to							⊠ No		}	
ь	If any ansi	wer is "Yes" to 5a(1)-(5), did any of the	he tran	sactions fail t	o qual	fy under th	e exce	otions des	scribed	1		
	ın Regulati	ons section 53.4945 or in a current no	otice re	garding disas	ster ass	sistance? S	ee instr	uctions		5b		
	Organizatio	ons relying on a current notice regard	ina disa	aster assistan	ice, che	eck here			▶┌			
C		ver is "Yes" to question 5a(4), does								' (!
_		maintained expenditure responsibility									u	
								∟ res	∐ No	' }		
6-		tach the statement required by Regul									٥	
6a		undation, during the year, receive any						_	_			
	•	nal benefit contract?						Yes	× No	·		
b		ındation, during the year, pay premıur	ns, dire	ectly or indire	ctly, on	a persona	l benefi	t contract	?.	6b		_×_
	If "Yes" to	6b, file Form 8870.									7	
7a	At any time	during the tax year, was the foundation	a part	y to a prohibiti	ed tax s	shelter trans	action?	Yes T	⊠ No			
		d the foundation receive any proceed								7b		
8		dation subject to the section 4960 ta								1		
•		on or excess parachute payment(s) di							□No			
Part		formation About Officers, Direct									906	
Fait		•	1015,	irustees, r	ounua	tion man	agers,	riigiliy r	alu E	шрюу	ccs,	
		nd Contractors			1.41 .			No. 1				
	LIST All OIT	cers, directors, trustees, and found								·		
		(a) Name and address	hou	e, and average irs per week ted to position	(If i	mpensation not paid, nter -0-)	emplo	Contributions yee benefit p erred compe	olans	(e) Expe	nse acc allowan	
THOM	IAS F DO	OLAN JR		IDENT								
		NUE HOBOKEN NJ 07030	1	5.00		0.	ţ		0.			0.
			VICE	-PRES								_ <u></u> -
	Y MCMUL		ATCE			0			0.			0.
		D COURT BRENTWOOD TN 37027		5.00		0.	ļ		_			<u> </u>
	SON DOLA		TREA	SURER					_			_
9020	MAYFIEL	D COURT BRENTWOOD TN 37027		5.00		0.			0.			0.
		tion of five highest-paid employee	s (oth	er than thos	e incl	uded on li	ne 1—:	see instru	uction	s). If no	one, e	enter
	"NONE."	 		, -								
				(b) Title, and a		\ <u>.</u>		(d) Contributemployee to	tions to l	(e) Expe	nse acc	ount.
(a	a) Name and a	ddress of each employee paid more than \$50,00	0	hours per w		(c) Comper	nsation	plans and d	eferred	other a	llowand	ces
								compens	ation			
NONE				_		[}					
				1		{	-					
				1			ļ					
				 								
				1			ļ					
				 		<u> </u>						
				Į.								
				<u> </u>								
				1								
				L								
Total n	umber of o	ther employees paid over \$50,000 .							. ▶_ }	0		

Pa	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En and Contractors (continued)	nployees,
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NO	JE	
Tota	I number of others receiving over \$50,000 for professional services	0
Pai	t IX-A Summary of Direct Charitable Activities	
Lis	st the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ganizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	SINCE INCEPTION, THE FOUNDATION HAS DIRECTLY FINANCIALLY SUPPORTED	
	OTHER PUBLIC AND CIVIC 501 (C)(3) CHARITIES	
		102,916.
2	THE FOUNDATION HAS DIRECTLY FINANCIALLY SUPPORTED AND SPONSORED A WORK MISSION TRIP TO	
	THE DOMINICAN REPUBLIC. DURING THE TRIP YOUTH ARE SUPERVISED DURING THE CONSTRUCTION OF	17 010
3	SCHOOL AND CHURCH STRUCTURAL IMPROVEMENTS FOR LOCAL FAMILIES.	17,019.
J		1
	•	
4		
		<u> </u>
	t IX-B Summary of Program-Related Investments (see instructions)	Amount
De	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
•		

2		
All	other program-related investments. See instructions	
3		
Tota	I. Add lines 1 through 3	
		Form 990-PF (2019)

Par		ıgn fo	undations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	655,230.
b	Average of monthly cash balances	1b	243,890.
c	Fair market value of all other assets (see instructions)	1c	243,090.
ď	Total (add lines 1a, b, and c)	1d	899,120.
ē	Reduction claimed for blockage or other factors reported on lines 1a and	'u	033,120.
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	899,120.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		03372201
	ınstructions)	4	13,487.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	885,633.
6	Minimum investment return. Enter 5% of line 5	6	44,282.
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f	ounda	
	and certain foreign organizations, check here ▶ ☒ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2019 from Part VI, line 5		
ь	Income tax for 2019. (This does not include the tax from Part VI.)] -]	==
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2e from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	Line T	7	
	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		101 000
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	121,936.
р	Program-related investments — total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	3a	
a	Suitability test (prior IRS approval required)	3b	
b	Cash distribution test (attach the required schedule)	4	121,936.
4 5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	 	121,930.
•	Enter 1% of Part I, line 27b. See instructions	5	103.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	121,833.
J	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	للتبا	
	qualifies for the section 4940(e) reduction of tax in those years.	, *** ICI	

Part	XIII Undistributed Income (see instruction	ons)			 -
		(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from Part XI, line 7				
2	Undistributed income, if any, as of the end of 2019:			/	
а	Enter amount for 2018 only	ł-	,		,
b	Total for prior years. 20, 20, 20			/	
3	Excess distributions carryover, if any, to 2019:				
а	From 2014				
b	From 201550, 658.	1			
c	From 2016	•			
ď	From 2017	1			
e	From 2018				
f	Total of lines 3a through e	397,579.			<u> </u>
4	Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ 121,936.	35,73,5			
а	Applied to 2018, but not more than line 2a.				
_	Applied to undistributed income of prior years				
b	(Election required—see instructions)	* * * (
С	Treated as distributions out of corpus (Election required—see instructions)		<i>i</i>		
d	Applied to 2019 distributable amount				
е	Remaining amount distributed out of corpus	121,986.			
5	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	519,515.			
b	Prior years' undistributed income. Subtract line 4b from line 2b		0.		
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b, Taxable				1
	amount—see instructions /		0.		
е	Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions			0.	
f	Undistributed income for 2019. Subtract lines				1
T	4d and 5 from line 1. This amount must be distributed in 2020				0.
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8	Excess distributions carryover from 2014 not applied on/line 5 or line 7 (see instructions).	124,633.			
9	Excess distributions carryover to 2020.				
10	Subtract lines 7 and 8 from line 6a	394,882.			
а	Excess from 2015	A Teachings of			
	Excess from 2016	and the second	r		e
~/	Excess from 2017 92,052.				
/a	Excess from 2018 84,221.	15"	-		
/ e	Excess from 2019 121, 936.				
		DEV 40/27/20 DDO			Form 990-PF (2019)

Part	XIV Private Operating Founda	tions (see instruc	ctions and Part	VII-A, question 9	9)	
1ą	If the foundation has received a ruling foundation, and the ruling is effective for	or determination	letter that it is a	private operating		
ь	Check box to indicate whether the four	ndation is a private	ce or the ruling.		01/01/2001	1) 40.40()/5
2a	Enter the lesser of the adjusted net	Tax year	operating loundar	Prior 3 years	3CIION (A) 4942(J)(3	3) or 🗌 4942(j)(5
	income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
	investment return from Part X for each year listed	10,255.	4,016.	396.	127.	14,794.
b	85% of line 2a	8,717.	3,414.	337.	108.	12,576.
С	Qualifying distributions from Part XII,					12/5/0.
	line 4, for each year listed	121,936.	84,221.	92,052.	46,015.	344,224.
d	Amounts included in line 2c not used directly for active conduct of exempt activities				30,020	
e	Qualifying distributions made directly for active conduct of exempt activities.					
•	Subtract line 2d from line 2c	121,936.	84,221.	92,052.	46,015.	344,224.
3	Complete 3a, b, or c for the alternative test relied upon:					1
а	"Assets" alternative test—enter:	1	1	1		1
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test-enter 2/3					
	of minimum investment return shown in Part X, line 6, for each year listed					
C	"Support" alternative test—enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on secunties loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Part				e foundation ha	ad \$5,000 or mor	e in assets at
	any time during the year -		<u>.) </u>			
1 a	Information Regarding Foundation N List any managers of the foundation w before the close of any tax year (but or	ho have contribute				y the foundation
b	List any managers of the foundation volumership of a partnership or other ent					e portion of the
2	Information Regarding Contribution, Check here ▶ ☐ if the foundation o unsolicited requests for funds. If the for complete items 2a, b, c, and d. See ins	nly makes contrib undation makes git	utions to presele	cted charitable o		
а	The name, address, and telephone num	nber or email addre	ess of the person	to whom applicat	ions should be add	ressed:
c	Gee Supplementary Informati	on Statement				
	The form in which applications should be		nformation and m	aterials they shou	ld include:	
С	Any submission deadlines:					
	Any restrictions or limitations on awa factors:	erds, such as by	geographical area	as, charitable fiel	ds, kinds of institu	utions, or other

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During	the Year or Approv	ed for Fu	ture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager		T	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	1
a Paid during the year				T
FELLOWSHIP OF CHRISTIAN ATHLETES				
6 DRUMMOND PLACE		ł		
RED BANK NJ 07701	N/A	CHARITY	GENERAL SUPPORT	2,000.
FAMILY RESOURCES ASSOCIATES				1
35 HADDON AVE	,			
SHREWSBURY NJ 07702	N/A	CHARITY	GENERAL SUPPORT	5,000.
LT. DENNIS ZILINSKI MEMORIAL FUND		1		1
PO BOX 35)		CTWTDAY GUDDOD	25 000
HOLMDEL NJ 07733	N/A	CHARITY	GENERAL SUPPORT	25,000.
MISCELLANEOUS	l .	[
DONATIONS LESS THAN \$300 VARIOUS NJ	N/A	CUADIMY	CENEDAL CUDDODE	816.
BREAKING GROUND	N/A	CHARITI	GENERAL SUPPORT	010.
505 8TH AVENUE, 5TH FLOOR	1			
NEW YORK NY 10018	N/A	CHYDIAA	GENERAL SUPPORT °	1,000.
TULANE UNIVERSITY	1	CHARTIT	GENERAL SOLIONI	1,000.
201 LINDY BOGGS CENTER				}
NEW ORLEANS LA 70118	N/A	CHARITY	GENERAL SUPPORT	10,000.
NAMI NASSAU COUNTY		PUBLIC		
PO BOX 16712		SAFETY &		
FERNANDINCA BEACH FL 32034	N/A	WELLFARE	GENERAL SUPPORT	500.
CITY HARVEST				
6 EAST 32ND STREET 5TH FLOOR				
NEW YORK NY 10016	N/A	CHARITY	GENERAL SUPPORT	1,000.
INTERFAITH NEIGHBORS				
801 FOURTH AVE				
ASBURY PARK NJ 07712	N/A	PUBLIC	GENERAL SUPPORT	1,000.
See Statement				Į
				50 000
				56,600.
Total			▶ 3a	102,916.
b Approved for future payment				
				1
				\
				}
)
		ŀ		
		l		{
	1		l	1
Total			▶ 3b	
Total	<u> </u>	_ :_:-		000 DE (0045)

	art XV	VI-A Analysis of Income-Producing A	ctivities				
Ent	er gro	ss'amounts unless otherwise indicated.		isiness income	Excluded by sect	on 512, 513, or 514	(a)
	_		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exemp function income (See instructions.
1		gram service revenue.					(See instructions.
	а.					·	
	b _						
	C.						
	d _		ļ				
	e _		 		<u> </u>		
	T -				.		
_		Fees and contracts from government agencies			 		
2		nbership dues and assessments					
3		est on savings and temporary cash investments					
4		dends and interest from securities	90009	10,255.	 		
5		rental income or (loss) from real estate:	ļ	 	 		
		Debt-financed property	 		 		
_		Not debt-financed property	<u> </u>		 		
6		rental income or (loss) from personal property	 		ļ		
7		er investment income	 		 		
8		or (loss) from sales of assets other than inventory	<u> </u>		ļ — — — 		
9		income or (loss) from special events	<u> </u>		<u> </u>		
10	Gros	ss profit or (loss) from sales of inventory	 		 		
11	Othe .	er revenue: a	l		 		
	b _		<u> </u>		<u> </u>		
	°. –		<u> </u>		 		
	d _		 		 		
	е _		 		<u> </u>		
12	Subt	total. Add columns (b), (d), and (e)	L	10,255.	<u> </u>		10.055
13 (San	rota	II. Add line 12, columns (b), (d), and (e)	-			13	10,255.
ರಿಕರ		abaat in lina 12 instructions to varify calculation					
		sheet in line 13 instructions to verify calculation		nt of Evenn	Purposes		
Pa	rt XV	-B Relationship of Activities to the A	ccomplishme				
Par Lin		-B Relationship of Activities to the A	ccomplishme			A contributed in oses) (See instruction	nportantly to the
Par Lin	t XV e No.		ccomplishme income is report poses (other than			A contributed in oses) (See instruct	nportantly to the tions.)
Par Lin	t XV e No.	-B Relationship of Activities to the A	ccomplishme			A contributed in ses) (See instruct	nportantly to the tions.)
Par Lin	t XV e No.	-B Relationship of Activities to the A	ccomplishme income is report poses (other than			A contributed in ses) (See instruct	pportantly to the tions.)
Par Lin	t XV e No.	-B Relationship of Activities to the A	ccomplishme income is report poses (other than			A contributed imposes) (See instruct	nportantly to the tions.)
Par Lin	t XV e No.	-B Relationship of Activities to the A	ccomplishme income is report poses (other than			A contributed in oses) (See instruct	nportantly to the tions.)
Par Lin	t XV e No.	-B Relationship of Activities to the A	ccomplishme income is report poses (other than			A contributed in oses) (See instruct	nportantly to the tions.)
Par Lin	t XV e No.	-B Relationship of Activities to the A	ccomplishme income is report poses (other than			A contributed in oses) (See instruct	nportantly to the tions.)
Par Lin	t XV e No.	-B Relationship of Activities to the A	ccomplishme income is report poses (other than			A contributed in ses) (See instruct	nportantly to the
Par Lin	t XV e No.	-B Relationship of Activities to the A	ccomplishme income is report poses (other than			A contributed in ises) (See instruct	nportantly to the
Par Lin	t XV e No.	-B Relationship of Activities to the A	ccomplishme income is report poses (other than			A contributed in ses) (See instruct	portantly to the
Par Lin	t XV e No.	-B Relationship of Activities to the A	ccomplishme income is report poses (other than			A contributed imposes) (See instruct	portantly to the
Par Lin	t XV e No.	-B Relationship of Activities to the A	ccomplishme income is report poses (other than			A contributed in oses) (See instruct	nportantly to the
Par Lin	t XV e No.	-B Relationship of Activities to the A	ccomplishme income is report poses (other than			A contributed in oses) (See instruct	nportantly to the
Par Lin	t XV e No.	-B Relationship of Activities to the A	ccomplishme income is report poses (other than			A contributed in ses) (See instruct	nportantly to the
Par Lin	t XV e No.	-B Relationship of Activities to the A	ccomplishme income is report poses (other than			A contributed in ses) (See instruct	nportantly to the
Par Lin	t XV e No.	-B Relationship of Activities to the A	ccomplishme income is report poses (other than			A contributed in ses) (See instruct	nportantly to the
Par Lin	t XV e No.	-B Relationship of Activities to the A	ccomplishme income is report poses (other than			A contributed imposes) (See instruct	portantly to the tions.)
Par Lin	t XV e No.	-B Relationship of Activities to the A	ccomplishme income is report poses (other than			A contributed imposes) (See instruct	nportantly to the tions.)
Par Lin	t XV e No.	-B Relationship of Activities to the A	ccomplishme income is report poses (other than			A contributed imposes) (See instruct	nportantly to the tions.)
Par Lin	t XV e No.	-B Relationship of Activities to the A	ccomplishme income is report poses (other than			A contributed imposes) (See instruct	nportantly to the tions.)
Par Lin	t XV e No.	-B Relationship of Activities to the A	ccomplishme income is report poses (other than			A contributed imposes) (See instruct	nportantly to the tions.)
Par Lin	t XV e No.	-B Relationship of Activities to the A	ccomplishme income is report poses (other than			A contributed imposes) (See instruct	nportantly to the
Par Lin	t XV e No.	-B Relationship of Activities to the A	ccomplishme income is report poses (other than			A contributed imposes) (See instruct	nportantly to the

Part	XVI	Information Organizat	on Regarding Tra	ansfers to	and Tran	saction	s and	Relationsh	ips With I	Nonchar	ritable	e Exe	mp
1	in s	section 501(c) (d anizations?	directly or indirectl other than sectio	n 501(c)(3)) organizatı	ons) or	in sec	tion 527, re	anization de elating to	escribed political		Yes	No
а	Tran	sfers from the re	porting foundation	to a nonch	naritable exe	mpt orga	anizatıo	n of:					
											1a(1)		×
		Other assets .									1a(2)		×
ь		er transactions:											
	(1) 5	Sales of assets to	o a noncharitable e	xempt orga	inization .						1b(1)		×
	(2) F	Purchases of asse	ets from a nonchar	itable exen	npt organiza	ition					1b(2)		×
	(3) F	Rental of facilities	s, equipment, or oth	ner assets							1b(3)		×
	(4) F	Reimbursement a	rrangements								1b(4)	一一	×
			arantees								1b(5)		×
			ervices or members								1b(6)		×
С			equipment, mailing								1c		×
đ	If the	answer to any	of the above is "Y	es," compl	lete the folio	wina scl	hedule.	Column (b)	should alw	avs show	the f	air ma	arke
	value	of the goods, o	ther assets, or ser	vices given	by the repo	orting fou	ındatior	n. If the found	dation rece	ived less	than f	air ma	arket
	value	in any transacti	on or sharing arran	igement, sh	now in colum	nn (ď) the	value	of the goods	other asse	ets, or ser	vices	receiv	ed.
(a) Line		(b) Amount involved	(c) Name of non					ription of transfe					
													
					·								
													
													
	$\neg \uparrow$												
	$\neg +$												
													
	-+												
	-+		<u> </u>										
	-+												
	-			· -						-			
													
													
	desci	ribed in section 5	ectly or indirectly a 501(c) (other than se following schedule	ection 501				nore tax-exer	mpt organi		☐ Ye:	s 🗵	No
		(a) Name of organi	ızatıon		(b) Type of orga	anization			(c) Descriptio	n of relations	ship		
					_		_						
	Unde	r penalties of perjury, I	declare that I have examin	ned this return,	including accom	panying sch	edules an	d statements, and	to the best of	my knowledg	e and b	elief, it is	true,
Sign Here		Mare A ature of officer or trus	aration of preparer (other to		s based on all info 11/9/20 Date	k	which prep	parer has any kno	wiedge	May the IRS with the pre See instruct	parer sh	own bel	low?
		Print/Type preparer			s signations ,			Date	Ch.	P P	TIN		
Paid		JILL JOHNS			MKIN	110 6	pA-	11/06/2		k [] if [] mployed [p	በበደበ	2485	ı
Prepa				nson, CE	A	VVIV (<u> </u>	111/00/2	Firm's EIN ▶				
Use C	nly		1011 Blair S		 					(732) <i>7</i> 7			
BAA		Firm's address ▶	Jackson) Lifeer	+ /	NJ	08527	,	THORE TO \			PF (2019\
- ^^				\sim	\sim					. •.		- 1	-,

TIMOTHY 6:17 FOUNDATION

Form 990-PF: Return of Private Foundation

Part XV, Line 2: Supplementary Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc.

Continuation Statement Restrictions N/A Submission Information N/A LETTER FORM, DESCRIBING THE CHARITABLE NEED OF THE APPLICANT Form Information Name and Address Information THOMAS E. DOLAN JR. HOBOKEN, NJ 07030 99 PARK AVENUE 732-245-4286

Form 990-PF: Return of Private Foundation

Part XV, Line 3a: Grants and Contributions Paid During the Year

Continuation Statement

				•
Recipient name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	roundation status of	Purpose of grant or contribution	Amount
a Paid during the year			'	
AVON FIRST AID & SAFETY SQUAD PO BOX 3 AVON BY THE SEA, NJ 07717	N/A	PUBLIC SAFETY & WELFARE	GENERAL SUPPORT	1,000.
AVON FIRE DEPARTMENT PO BOX 202 AVON BY THE SEA, NJ 07717	N/A	PUBLIC SAFETY & WELFARE	GENERAL SUPPORT	1,000.
VISIONS 500 GREENWICH STREET, 3RD FLOOR NEW YORK, NY 10013	N/A	CHARITY	GENERAL SUPPORT	1,000.
FIRST PRESBYTERIAN CHURCH 9 N. 6TH STREET FERNANDINA BEACH, FL 32034	N/A	CHARITY	GENERAL SUPPORT	500.
ST. JUDES CHILDRENS HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	N/A	CHARITY	GENERAL SUPPORT	1,000.
GRATITUDE AMERICA PO BOX 16956 FERNANDINA BEACH, FL 32034	N/A	CHARITY	GENERAL SUPPORT	25,000.
KUMON OF CENTRAL HARLEM 2235 FREDERICK BLVD NEW YORK, NY 10027	N/A	N/A	CHARITY	3,360.
NASHVILLE BRENTWOOD LEARNING CENTER 5554 FRANKLIN PIKE SUITE 200 NASHVILLE, TN 37220	N/A	CHARITY	CHARITY	6,840.
WESTMINSTER PRESBYTERIAN CHURCH 3900 WEST END AVENUE NASHVILLE, TN 37205	N/A	CHARITY	GENERAL SUPPORT	15,400.
SALVATION ARMY - HOPE HOUSE 410 SOUTH 9TH STREET FERNANDINA BEACH, FL 32034	N/A	CHARITY	GENERAL SUPPORT	1,000.
IMENTOR 30 BROAD STREET NEW YORK, NY 10004	N/A	CHARITY	GENERAL SUPPORT	500.

56,600.

Additional information from your Form 990-PF: Return of Private Foundation

Form 990-PF: Return of Private Foundation

Taxes

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
FEDERAL TAX	320.			
Total	320.			

Form 990-PF: Return of Private Foundation

Other Expenses

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
BANK SERVICE CHARGE	119.			119.
PROGRAM EXPENSE	17,019.			17,019.
DUES AND SUBSCRIPTIONS	321.			321.
LICENSES AND PERMITS	61.			61.
Total	17,520.			17,520.

Legal and Professional Fees

2019

	
Name	Employer Identification No
TIMOTHY 6:17 FOUNDATION	22-3622751
	22-3622731

Line 16a - Legal Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
					-
		<u> </u>			
					l ————
					
Il to Form 990-	PF, Part I, Line 16a				

Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
JILL A JOHNSON CPA	PROFESSIONAL	1,500.			1,500.
Total to Form 990-	PF, Part I, Line 16b	1,500.			1,500.

Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
	-	<u> </u>			.
					-
					
	-PF, Part I, Line 16c				

Name TIMOTHY 6:17 FOUNDATION				oloyer Identification No 3622751
Line 10a - Investments - US and State Government Obligations:	End o State and Local Obligations Book Value	f Year State and Local Obligations FMV	End US Governmen Obligations Book Value	of Year t US Government Obligations FMV
Tot to Fm 990-PF, Pt II, Ln 10a				
Line 10b - Investme	ents - Corporate	Stock:	End Book Value	of Year Fair Market Value
ROUTINE CAPITAL CORP GOLDMAN SACHS ACCOUNT		<u></u>	107,536 484,075	
Totals to Form 990-PF, Part II, L	ine 10b		591,611	598,692.
Line 10c - Investme	nts - Corporate B	Bonds:	End Book Value	of Year Fair Market Value
Totals to Form 990-PF, Part II, Li	ne 10c			
Line 12 - Investme	nts - Mortgage Io	pans:	End Book Value	of Year Fair Market Value
Totals to Form 990-PF, Part II, Li	ne 12			
Line 13 - Inves	stments - Other:		End Book Value	of Year Fair Market Value
Totals to Form 990-PF, Part II, Li	ne 13			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Employer identification number

TIMOTHY 6:17 FOUNDATION			22-3622751					
Organization type (check one).								
Filers o	lers of: Section:							
Form 9	90 or 990-EZ	☐ 501(c)() (enter num	ber) organization					
		4947(a)(1) nonexempt char	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization						
Form 99	90-PF	★ 501(c)(3) exempt private for	undation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
	only a section 501(c)(7 nons.	covered by the General Rule or), (8), or (10) organization can che	a Special Rule. eck boxes for both the General Rule a	nd a Special Rule. See				
×		r property) from any one contribu	PF that received, during the year, conti itor. Complete Parts I and II. See instri					
Special	Rules							
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II							
	For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III							
	For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

TIMOTHY 6:17 FOUNDATION

Employer identification number 22-3622751

			2-2022/31
Part I	Contributors (see instructions). Use duplicate co	opies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THOMAS & MARIE DOLAN 9203 SHERIDAN PARK COURT BRENTWOOD TN 37027	\$ 101,089.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	,	\$	Person

Name of organization

TIMOTHY 6:17 FOUNDATION

Employer identification number 22-3622751

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		- -					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		. \$ <u></u> -					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		\$					

	(Form 990, 990-EZ, or 990-PF) (2019)		Page •
	rganization		Employer identification number
TIMOTH	Y 6:17 FOUNDATION		22-3622751
Part III	(10) that total more than \$1,000 for the following line entry. For organizat contributions of \$1,000 or less for the	the year from any one contributions completing Part III, enter the year. (Enter this information or	ons described in section 501(c)(7), (8), or putor. Complete columns (a) through (e) and he total of exclusively religious, charitable, etc., nce. See instructions.) > \$
(a) Na	Use duplicate copies of Part III if add	itional space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		'	
) ; ;	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4 Relation		elationship of transferor to transferee
ţ		·	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
1			
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee		
1			
1			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
}			
1			
	(a) Transfer of wift		
,	(e) Transfer of gift		
_	Transferee's name, address, and	I ZIP + 4 Re	elationship of transferor to transferee
ľ			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
_	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee		